

**2004 STATE OF COLORADO MONTHLY RATES/CPPS GTNS AND OPTION CODES**

| <b>MEDICAL PLANS</b>        | <b>GTN -<br/>TAXABLE</b> | <b>GTN -<br/>PRETAX</b> | <b>SINGLE<br/>T1/P1</b> | <b>E + 1<br/>T2/P2</b> | <b>E + 2<br/>T4/P4</b> |
|-----------------------------|--------------------------|-------------------------|-------------------------|------------------------|------------------------|
| <hr/>                       |                          |                         |                         |                        |                        |
| <b>ABCBS LIBERTY EPO</b>    |                          |                         |                         |                        |                        |
| <b>EMPLOYEE SHARE</b>       | <b>204</b>               | <b>205</b>              | \$171.72                | \$419.72               | \$585.34               |
| STATE CONTRIBUTION          | <b>206</b>               |                         | \$156.06                | \$232.52               | \$326.46               |
| TOTAL RATE                  |                          |                         | \$327.78                | \$652.24               | \$911.80               |
| <b>ABCBS CENTENNIAL PPO</b> |                          |                         |                         |                        |                        |
| <b>EMPLOYEE SHARE</b>       | <b>207</b>               | <b>208</b>              | \$67.74                 | \$211.80               | \$294.30               |
| STATE CONTRIBUTION          | <b>209</b>               |                         | \$156.06                | \$232.52               | \$326.46               |
| TOTAL RATE                  |                          |                         | \$223.80                | \$444.32               | \$620.76               |
| <b>KAISER HMO</b>           |                          |                         |                         |                        |                        |
| <b>EMPLOYEE SHARE</b>       | <b>219</b>               | <b>220</b>              | \$93.64                 | \$263.56               | \$366.74               |
| STATE CONTRIBUTION          | <b>221</b>               |                         | \$156.06                | \$232.52               | \$326.46               |
| TOTAL RATE                  |                          |                         | \$249.70                | \$496.08               | \$693.20               |
| <b>PACIFICARE HMO</b>       |                          |                         |                         |                        |                        |
| <b>EMPLOYEE SHARE</b>       | <b>216</b>               | <b>217</b>              | \$240.94                | \$558.20               | \$779.24               |
| STATE CONTRIBUTION          | <b>218</b>               |                         | \$156.06                | \$232.52               | \$326.46               |
| TOTAL RATE                  |                          |                         | \$397.00                | \$790.72               | \$1,105.70             |
| <b>SLV HMO</b>              |                          |                         |                         |                        |                        |
| <b>EMPLOYEE SHARE</b>       | <b>228</b>               | <b>229</b>              | \$120.00                | \$316.28               | \$440.86               |
| STATE CONTRIBUTION          | <b>230</b>               |                         | \$156.06                | \$232.52               | \$326.46               |
| TOTAL RATE                  |                          |                         | \$276.06                | \$548.80               | \$767.32               |

---

|   |            |            |                |                |                |
|---|------------|------------|----------------|----------------|----------------|
| <b>DELTA DENTAL - BASIC PLAN - A</b>      |            |            | <b>C</b>       | <b>T2A/P2A</b> | <b>T4A/P4A</b> |
| <b>EMPLOYEE SHARE</b>                     | <b>237</b> | <b>238</b> | \$0.00         | \$20.66        | \$41.74        |
| STATE CONTRIBUTION                        | <b>239</b> |            | \$16.26        | \$16.26        | \$16.26        |
| TOTAL RATE                                |            |            | \$16.26        | \$36.92        | \$58.00        |
| <b>DELTA DENTAL - BASIC PLUS PLAN - B</b> |            |            | <b>T1B/P1B</b> | <b>T2B/P2B</b> | <b>T4B/P4B</b> |
| <b>EMPLOYEE SHARE</b>                     | <b>237</b> | <b>238</b> | \$8.08         | \$37.64        | \$84.22        |
| STATE CONTRIBUTION                        | <b>239</b> |            | \$16.26        | \$16.26        | \$16.26        |
| TOTAL RATE                                |            |            | \$24.34        | \$53.90        | \$100.48       |

**OTHER BASIC LIFE: 244 C (\$1.60)**

**DEPENDENT OPT LIFE: 243 005 (\$1.24) or 243 010 (\$2.48)**